



TRAUMA CENTER DESIGNATION SCORING TOOL LEVEL IV

**Bureau of Emergency Medical Services
and Trauma System
150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007
(602) 364-3275**

Facility Name: _____

Review Date: _____

Reviewers: _____

SITE REVIEWER INSTRUCTIONS

The Arizona Department of Health Services (ADHS), Bureau of Emergency Medical Services and Trauma System, is requesting your assistance in meeting two goals during trauma center designation application review.

- The first goal is to determine whether the facility has the required resources and commitment for Level IV trauma center designation.
- The second goal is to provide information so the facility may improve trauma patient care.

The following scoring tool was designed to assess a facility's ability to meet the state standards. The facility must show commitment to providing the necessary resources for trauma patient care according to the criteria listed in Exhibit I of the Trauma Center Designation rules. To fully assess whether a facility has met the state standards for trauma center designation, the following sources of information may be used: 1) facility staff interviews; 2) a physical tour of the facility; and 3) patient medical records, quality improvement documents; 4) CME and credentialing files; and 5) other pertinent documents related to the facility's trauma care provided by the facility except for peer-reviewed documents privileged under A.R.S. §§ 36-445.01 and 36-2403, including reports prepared as required under R9-10-204 (B)(2) and the supporting documentation for the reports.

The ADHS will use your information and recommendations in its trauma center designation decision. These legal decisions may be controversial and could result in appeal and/or further review. Careful documentation is imperative, as your descriptions will validate ADHS decisions. Whenever possible, please refer specifically to people (by name or title), locations, documents, or medical records.

1. Familiarize yourself with this document before the review date.
2. Print legibly.
3. Read each standard carefully, and ask the state observer for clarification when necessary.
4. Check either **Met** or **Not Met** for each standard. Document the rationale for any **Not Met** ratings. Include evidence to substantiate your findings. Comments must be objective and concise.

NOTE: The ADHS requires 100% compliance for a facility to receive and maintain its trauma center designation. The designation decision process provides time and opportunity, prior to the Department's final decision, for facilities to institute corrective action in response to deficiencies identified during the site survey.

INSTITUTIONAL ORGANIZATION			
1. Trauma Team			
MET	Recommendations/Comments	NOT MET	Explanation
2. Trauma Coordinator/Trauma Program Manager			
MET	Recommendations/Comments	NOT MET	Explanation

CLINICAL QUALIFICATIONS

1. General/Trauma Surgeon	MET	Recommendations/Comments	NOT MET	Explanation
<ul style="list-style-type: none"> • ATLS certification 				
Note: Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.				
2. Emergency Medicine	MET	Recommendations/Comments	NOT MET	Explanation
<ul style="list-style-type: none"> • ATLS certification 				
Note: Among the trauma surgeons, only the trauma medical director is required to have current ATLS certification. The other trauma surgeons are required to have held ATLS certification at one time. Among the emergency medicine physicians, only non-board-certified physicians are required to have current ATLS certification. The other emergency medicine physicians are required to have held ATLS certification at one time.				

FACILITIES/RESOURCES/CAPABILITIES

1. Presence of surgeon at operative procedures

MET	Recommendations/Comments	NOT MET	Explanation

2. Emergency Department

• Resuscitation Equipment for Patients of All Ages	MET	Recommendations/Comments	NOT MET	Explanation
- Airway control and ventilation equipment				
- Pulse Oximetry				
- Suction Devices				
- Electrocardiograph-oscilloscope-defibrillator				
- Standard intravenous fluids and administration sets				
- Large-bore intravenous catheters				
- Sterile surgical sets for:				

*Airway Control/Cricothyrotomy		
* Thoracostomy		
* Venous cutdown		
- Drugs necessary for emergency care		
- Broselow tape		
- Thermal control equipment		
* For patient		
* For fluids and blood		
- Rapid infuser system		
- Qualitative end-tidal CO2 determination		
• Communication with EMS vehicles		

<ul style="list-style-type: none"> • Capability to resuscitate, stabilize, and transport pediatric patients 		
Note: A trauma center that does not admit pediatric patients shall be capable of resuscitating, stabilizing, and transporting pediatric trauma patients.		
3. Operating Room		
<ul style="list-style-type: none"> • Thermal Control Equipment 	MET Recommendations/Comments	NOT MET Explanation
- For patient		
- For fluids and blood		
<ul style="list-style-type: none"> • Rapid infuser system 		
4. Postanesthetic Recovery Room (SICU is acceptable)	MET Recommendations/Comments	NOT MET Explanation
<ul style="list-style-type: none"> • Equipment for monitoring and resuscitation 		
- Pulse oximetry		
- Thermal control		
5. Clinical Laboratory Service (Available 24 hours/day)	MET Recommendations/Comments	NOT MET Explanation
<ul style="list-style-type: none"> • Standard analyses of blood, urine, and other body fluids, including microsampling when appropriate 		

• Coagulation studies		
• Blood gases and pH determinations		
6. Acute Hemodialysis	MET Recommendations/Comments	NOT MET Explanation
• Transfer agreement		
7. Burn-Care - Organized	MET Recommendations/Comments	NOT MET Explanation
• In-house or transfer agreement with burn center		
8. Acute Spinal Cord Management	MET Recommendations/Comments	NOT MET Explanation
• In-house or transfer agreement with regional acute spinal cord injury rehabilitation center		

REHABILITATION SERVICES

1. Transfer agreement to an approved rehabilitation facility

MET Recommendations/Comments

NOT MET Explanation

PERFORMANCE IMPROVEMENT

1. Performance Improvement Programs

MET	Recommendations/Comments	NOT MET	Explanation

2. Trauma Registry

MET	Recommendations/Comments	NOT MET	Explanation
• In-house			
• Participation in state, local, or regional registry			

3. Audit of all trauma deaths

MET	Recommendations/Comments	NOT MET	Explanation

4. Morbidity and mortality review

MET	Recommendations/Comments	NOT MET	Explanation

5. Medical nursing audit			
MET	Recommendations/Comments	NOT MET	Explanation
6. Review of times and reasons for transfer of injured patients			
MET	Recommendations/Comments	NOT MET	Explanation

PREVENTION		
1. Collaboration with existing national, regional, state, and community programs		
MET	Recommendations/Comments	NOT MET Explanation
Note: This requirement is met through participating in a prevention program organized at the national, regional, state, or local community level.		

ADDITIONAL REQUIREMENTS FOR TRAUMA CENTERS REPRESENTED AS CARING FOR PEDIATRIC TRAUMA PATIENTS		
1. Pediatric-specific performance improvement program		
MET	Recommendations/Comments	NOT MET Explanation
Note: A trauma center is required to comply with all the requirements above, in addition to the requirements (A) through (J) in Exhibit I of the Trauma Center Designation Rules, if the trauma center is represented as caring for pediatric trauma patients. "Represented as caring for pediatric trauma patients" means that a trauma center's availability or capability to care for pediatric trauma patients is advertised to the general public, health care providers, or emergency medical services providers through print media, broadcast media, the Internet, or other means such as the EMSys [®] administered by the Department.		